



HealthPathWashington Advisory Team (HAT) Notes for April 19, 2012

Roles and Expectations

- “Ground Rules” were discussed including: respect each other, no side bars, no texting, no cell phones. Please take all conversations outside. Please raise your hand when you want to speak.
- Acknowledgement that past work with everyone (tribes, stakeholders, beneficiaries) has been very valuable
- Purpose of Team: To inform the implementation of the project
- Time limited: 24 months
- Request that written comments received on draft design plan be shared with everyone, these have not been posted on the duals website at <http://www.adsa.dshs.wa.gov/duals/draftproposal.htm>
- Members thought it would be helpful to identify decision points along the way
- Request to receive materials in advance, if they are materials upon which decisions need to be made it would be helpful to receive materials as early as possible, State made a commitment of providing one week in advance of meetings (this should be in expectation document)
- Post HAT materials on the website. This will be done at <http://www.adsa.dshs.wa.gov/duals/hat.htm>
- Consensus was that email is the best way to communicate, state offered to accommodate using other methods if a member needs that. It was suggested that individuals who need materials provided in an alternative way to email approach Kelly individually if uncomfortable doing so in the group
- Request for a reminder email to members if something important has been posted on the website
- A questions and request to do video conferencing or conference call capability if someone cannot attend the meeting in person. **HCA and DSHS looked into video conferencing and it was not feasible at this time. We will add a conference call line.**
- Agreement that a priority will be placed by members to try to attend the meeting in person whenever possible, but that the state will make an alternative available. (this should be in roles/expectations document)
- Request to get future meeting dates as soon as available. Agreed, the state will put out options for meeting dates in May, July, September, and November. **DONE for May, July, and September**
- Agreed that members may have a substitute from their association/organization attend the meeting in their place if cannot attend (this should be in roles/expectations document)
- Agreed to send out copies of meeting notes
- Ideas about how members can provide feedback included: in writing, verbal at meetings, use of survey monkey, or voting buttons for instant polling
- Members reminded that they will need time after meetings to comment especially if expected to get input from their association/organization members
- Agreed to provide list of executive leadership team, governance structure, project directors in a visual graphic (could be part of roles/expectations document) – Agreed to put on next agenda **DONE**

- Discussion about members pushing information out to their networks and what would be needed to help make that happen. Members indicated they would need pre-written materials that could be forwarded on to their membership
- Request for members to identify if there are any missing individuals or organizations to Kelly.
Received only one email related to this and decision was made by state after the meeting to add 3 additional members.

Project Scope and Three Strategies

- KPR discussed the project scope and strategies and the many components. Areas of concern expressed by the group were related to:
 - Assignment methodology
 - Passive enrollment
 - County participation
 - Parity
- The group suggested these topics be addressed at future meetings.

The Public Comments and Other Questions

- Discussed themes in the written public comments received and identified how those were addressed in the revisions made to the final design plan. Alice said that her org will have a concept paper out soon on health home
- CMS will post for additional 30-day comment period. That period is April 30-May 30th. Clear information will need to be developed to help beneficiaries make informed decisions/choices among the options available. County elected to make choices, how will they do this?
- What training and info will they get? How does packaging of outreach occur?
- Bea said that we see this as a partnership with the County Association. Meetings are planned with Association and individual Counties.

<http://www.aasa.dshs.wa.gov/duals/>